

ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA
County Of Maricopa } ss

CERTIFICATE NO. -107-
DOCKET NO. EMS 2661

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of

SAN MANUEL FIRE DEPARTMENT ASSOCIATION

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. Service Area: The Town of San Manuel and the general geographical boundaries encompassed by the following points beginning at the Southwest corner of section 1 Township 9 South, Range 16 east-Western Boundary-a straight line intersecting with milepost 108 on State Highway 77, Northwest to a straight line intersecting the Northern Boundary; Northern Boundary-a straight line East intersecting the Eastern Boundary at the Northeast corner of Section 26 Township 8 South, Range 16 East; Eastern Boundary-a straight line Southeast intersecting with milepost 112.4 on State Highway 77 to a point intersecting with the Southern Boundary; Southern Boundary-a straight line West on the Southern perimeter of the Town of San Manuel, intersecting milepost 48 on Redington Road to point of beginning.
2. Central Operating Station: San Manuel, Arizona (565 South Redington Road).
3. Response Times:
 - a. Eight (8) minutes on seventy-five (75) percent of all ambulance calls.
 - b. Twelve (12) minutes on ninety (90) percent of all ambulance calls.
 - c. Twenty (20) minutes on ninety-eight (98) percent of all ambulance calls.
 - d. Thirty (30) minutes on one hundred (100) percent of all ambulance calls.

NOTE: This is "back-up" CON to Rural/Metro (Pinal) dba Tri-City Med.

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

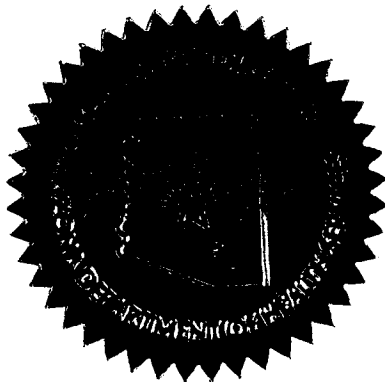
RENEWAL

CERTIFICATE OF NECESSITY

December 31, 2005

authorizing the operation of the aforesaid ambulance service for a period ending December 31, 2005 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN

WITNESS WHEREOF, I CATHERINE R. EDEN
the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on October 11, 2002

Catherine R. Eden
DIRECTOR

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE